

Request for pre-exposure prophylaxis (PrEP)

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

The preferred provider for GP consultations is the Premier Plus HIV GP Network.

How to complete this form

Step 1: Ensure the form is completed in full and signed by a Healthcare Professional

Step 2: Please return the completed form to us by e-mail to Hiv@bankmed.co.za

Consent for processing my personal information

I give the Scheme and the administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for the PREP benefit. I consent to the Scheme and the administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my Healthcare Professional and to relevant third parties, to administer the PREP Benefit as well as undertake managed care interventions related to the benefit.

1. Patient details

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail	<input type="text"/>		
Relationship to Principal Member	<input type="text"/>		

2. Principal Member details

ID or passport number	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>

